

TB SUSPECT AND CASE LOG

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Suspect ____ Name _____ DOB _____ Sex ____ Age ____
Address _____ City _____ Zip ____
Not case ____ MD _____ Phone _____ Hospital _____
Case ____ Date reported _____ Reported by _____ Phone _____
Case# ____ Medications: INH ____ RIF ____ EMB ____ PZA ____ B6 ____ Other _____
Date _____ Date started _____ Date completed _____
Site: P EP Remarks: _____
County: _____

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